

EXHIBIT Q



NEW YORK STATE
DEPARTMENT of
FINANCIAL SERVICES

Andrew M. Cuomo
Governor

Benjamin M. Lawskey
Superintendent

September 12, 2014

Arnold W. Frank
10873 Northgreen Drive
Wellington, FL 33449

Re: FOIL Request No. 14-126: Exeter Holding Ltd. Final Volume of Operations Report - 2009.

This is in response to your above-referenced request for information made to New York State Department of Financial Services ("the Department") under New York's Freedom of Information Law (New York Public Officers Law ("POL") §87). As to the records you requested, please be advised that:

- ☒ The Department is providing all of the records without redactions or deletions
- ☐ The Department does not have any of the records.
- ☐ The Department is not providing the records in its possession which are responsive to your request for the reason(s) indicated below.
- ☐ The Department is providing only certain records. Please note, records were redacted and/or deleted for the reason(s) indicated below.
- | | |
|--|--|
| <p><input type="checkbox"/> 1. <u>Exempt from disclosure by State or Federal statute</u> POL 87(2) (a)</p> <p>a. <input type="checkbox"/> <u>Examination/Investigatory material</u> exempt under BL 36(10)</p> <p>b. <input type="checkbox"/> <u>Other</u></p> <p><input type="checkbox"/> 2. <u>Unwarranted invasion of personal privacy</u> POL 87(2) (b)</p> <p><input type="checkbox"/> 3. <u>Impairment of contract awards negotiations</u> POL 87(2) (c)</p> | <p><input type="checkbox"/> 4. <u>Trade secrets or submitted to an agency by, or derived from information obtained by, a commercial enterprise, which if disclosed would cause substantial injury to the competitive position of the enterprise</u> POL 87(2) (d)</p> <p><input type="checkbox"/> 5. <u>Compiled for law enforcement purposes which, if disclosed, would cause one or more of the harms</u> POL 87(2) (e) (i)-(iv)</p> <p><input type="checkbox"/> 6. <u>Endanger life or safety</u> POL 87(2) (f)</p> <p><input type="checkbox"/> 7. <u>Inter-agency/intra-agency materials which are not described in</u> POL 87(2) (g) (i)-(iv)</p> |
|--|--|

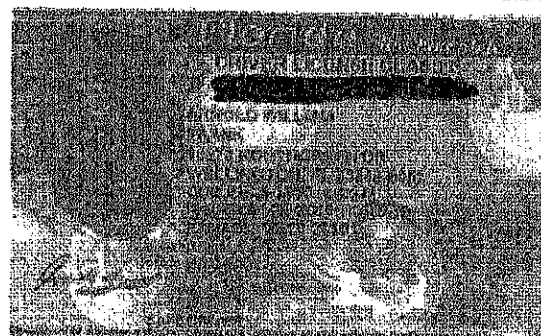
Any decision of the Department not to disclose records based on the section(s) of law specified above may be appealed to the Deputy Superintendent and Counsel, in writing, within 30 days pursuant to New York Public Officers Law § 89. If you have any questions, please contact Harold Frye, Administrative Assistant, at (212) 709-1656 or by fax at (212) 709-1655.

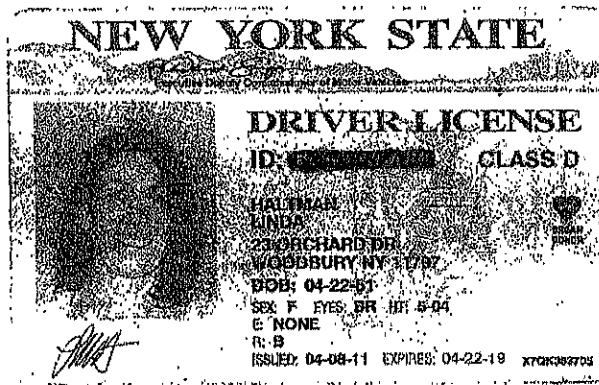
Sincerely,

Christine R. Cardl
Assistant Counsel

Arnold Frank
10873 Northgreen Drive
Wellington, FL 33449

Dad, I need to get the last Volume of Operations Report from the New York State Banking department, but they will only give it to you. Can you send an email to Harold.Frye@dfs.ny.gov with a copy of your driver's license and have him send the report to you. You can reference the following : Freedom of Information Law ("FOIL") Request No. 14-126: Copy of last volume of operations report filed with banking dept. for Exater Holding Ltd. #1574. Thanks Linda





BANKING DEPARTMENT

Licensed Mortgage Banker
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2009

B 5 0 0 0 0 7

Banker Number (see cover letter)

A. CONTACT INFORMATION

1. MAIN BUSINESS LOCATION

Exeter Holding LTD.

Legal Name of Business

131 Jericho Tpke., Suite 205

Primary Address (Main Licensed Location)

Jericho

City

NY

State

11753

Zip Code

(516) 338-7500 Ext. 0000

Primary Phone Number

(516) 338-7538 Ext. 0000

Primary Fax Number

Corporate Website Address

Check Mr. or
Ms., as
appropriate

2. HEAD OF ORGANIZATION

☒ Mr.☐ Ms. Arnold W.

First Name

Middle Name

Frank

Last Name

Chairman

Individual's Title in Company

Loans@Exeterholding.com

E-mail Address

(516) 338-7500 Ext. 0000

Phone Number

For Items A-3
through A-5,
provide
address only
if different
from primary
business
address in
A-1, above

3. OVERALL CONTACT

Provide the following information for an Overall Contact. The Overall Contact must have the authority and ability to coordinate general Banking Department business and inquiries and to receive all Department mail.

☒ Mr.☐ Ms. Linda

First Name

Middle Name

Haltman

Last Name

President/Owner

Individual's Title in Company

Lindah@exeterholding.com

E-mail Address

AddressCitynull

State

Zip Code(516) 338-7500 Ext. 0000

Phone Number

(516) 338-7538 Ext. 0000

Fax Number

4. BILLING CONTACT (OPTIONAL)

If you choose to designate a separate Billing Contact to receive bills, provide the following information. Do not complete this item if the Billing Contact is the same as the Overall Contact.

☐ Mr.☐ Ms.

First Name

Middle Name

Last Name

Individual's Title in Company

E-mail Address

AddressCitynull

State

Zip Code(516) 338-7500 Ext. 0000

Phone Number

(516) 338-7538 Ext. 0000

Fax Number

5. EXAMINATION CONTACT (OPTIONAL)

If you choose to designate a separate Examination Contact to coordinate examinations by the Department, provide the following information. Do not complete this item if the Examination Contact is the same as the Overall Contact.

☐ Mr.☒ Ms. Linda

First Name

Middle Name

Haltman

Last Name

President

Individual's Title in Company

Exeterholding@aol.com

E-mail Address

AddressCitynull

State

Zip Code(516) 338-7500 Ext. 0000(516) 338-7538 Ext. 0000



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B. GENERAL BUSINESS INFORMATION

1. ALTERNATE BUSINESS NAMES

For the reported calendar year, provide a list of all names (other than what is listed in Item A-1), including d/b/a, assumed, fictitious, and other names under which the Licensee conducted mortgage business on 1 - 4 family, owner-occupied, residential properties in New York State.

2. OFFICES

For the reported calendar year, provide the addresses of all locations (other than what is listed in Item A-1) at which the Licensee conducted mortgage business on 1 - 4 family, owner-occupied, residential properties in New York State. Also provide the full name, phone number, date of birth, and social security number of the branch manager or other person in charge for each location.

Address	City	State	Zip Code
<input type="checkbox"/> Mr.			
<input type="checkbox"/> Ms.			
Branch Manager/Person in Charge (First Name, Middle Name, Last Name)			Social Security Number
Date of Birth (mm-dd-yyyy)			Office Phone Number

3. GENERAL INFORMATION

What is the Registrant's present legal business structure?

☐ Sole Proprietorship ☐ Partnership ☒ Corporation ☐ LLC ☐ Series LLC

Has this structure changed since the previously reported calendar year? ☐ YES ☒ NO

Is the Licensee a publicly traded company? ☐ YES ☒ NO

Is 10% or more of the Licensee owned, either directly or indirectly, by a publicly traded company? ☐ YES ☒ NO

Is the Licensee a HUD-approved FHA Lender (Full-Eagle)? ☐ YES ☒ NO

Is the Licensee a HUD-approved FHA Loan Correspondent (Mini-Eagle)? ☐ YES ☒ NO

Does the Licensee allow Web-based loan applications? ☐ YES ☒ NO

Does the Licensee offer reverse mortgage loans to New York State residents? ☐ YES ☒ NO

* If Yes, indicate the reverse mortgage program(s) offered:

☐ NYS ☐ HUD/HECM ☐ FNMA ☐ Other (provide name) _____



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C. OWNERSHIP INFORMATION

1. OWNERSHIP BY OTHER BUSINESS ENTITIES

Is the Licensee owned wholly or in part by one or more business entities?

☐ YES

☒ NO

If No, skip to Item C-2. If Yes, provide the following information for each entity.

Name of Business Entity	Percentage of Ownership
Street Address	City
State	Zip Code
Phone Number	E-mail Address

2. OWNERSHIP BY INDIVIDUALS

Is the Licensee owned wholly or in part by one or more individuals?

☒ YES

☐ NO

If No, skip to Item D-1. If Yes, provide the following information for each individual.

<input checked="" type="checkbox"/> Mr.				
<input type="checkbox"/> Ms.	Arnold W.	Frank		Percentage of Ownership
	First Name	Middle Name	Last Name	

Chairman	Home Phone Number
Individual's Title in Company	
46 Ivy Drive	Jericho
Home Address	City
	State
	Zip Code
Date of Birth (mm-dd-yyyy)	Social Security Number

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D. DIRECTOR AND OFFICER INFORMATION

1. DIRECTORS

Does the Licensee have any directors?

☒ YES ☐ NO

If No, skip to Item D-2. If Yes, provide the following information for all directors.

☒ Mr.☐ Ms. Arnold W. Frank
First Name Middle Name Last NameChairman (516) 931-7199
Individual's Title in Company Home Phone Number46 Ivy Drive Jericho NY 11753
Home Address City State Zip Code10-25-1980 111-11-1111
Date of Birth (mm-dd-yyyy) Social Security Number☐ Mr.☒ Ms. Sondra Frank
First Name Middle Name Last NameSecretary (516) 931-7199
Individual's Title in Company Home Phone Number46 Ivy Drive Jericho NY 11753
Home Address City State Zip Code10-25-1980 111-11-1111
Date of Birth (mm-dd-yyyy) Social Security Number

2. EXECUTIVE OFFICERS

How many executive officers does the Licensee have?

☐ 0 ☐ 1 ☐ 2 ☒ 3 or More

If the Licensee has no executive officers, skip to Item E-1. If the Licensee has 1 or 2 executive officers, provide the following information for each officer. If the Licensee has 3 or more executive officers, provide the following information for the Licensee's three most senior executive officers.

☒ Mr.☐ Ms. Arnold W. Frank
First Name Middle Name Last NameChairman (516) 931-7199
Individual's Title in Company Home Phone Number46 Ivy Drive Jericho NY 11753
Home Address City State Zip Code10-25-1980 111-11-1111
Date of Birth (mm-dd-yyyy) Social Security Number☐ Mr.☒ Ms. Linda Haltman
First Name Middle Name Last NamePresident (516) 931-7199
Individual's Title in Company Home Phone Number23 Orchard Drive Jericho NY 11797
Home Address City State Zip Code10-25-1980 111-11-1111
Date of Birth (mm-dd-yyyy) Social Security Number

<input checked="" type="checkbox"/> Ms.	Sondra	Frank
First Name	Middle Name	Last Name
Secretary		(516) 934-7199
Individual's Title in Company		Home Phone Number
46 Ivy Drive	Jericho	NY 11753
Home Address	City	State Zip Code
02-02-1984		
Date of Birth (mm-dd-yyyy)	Social Security Number	

E. OTHER INFORMATION REGARDING INDIVIDUALS

Employees include anyone who receives a W-2 form; independent contractors include anyone who receives a 1099 form from the Licensee

1. TOTAL NUMBER OF INDIVIDUALS

For the reported calendar year, state the total number of individuals who had any direct dealing (including soliciting, processing, placing, negotiating and/or lending) with mortgage loan applications for 1 - 4 family, owner-occupied, residential properties in New York State. Include owners, partners, stockholders with 10% or more voting stock in the Licensee, directors, agents, employees, independent contractors, consultants, and any other person(s) having a relationship with the Licensee similar to that of a consultant, regardless of where they live or work.

Total Number of Individuals Associated with the Licensee =

0000, 0000

If another person has been designated the Qualifier since licensure, provide the name of that person

2. QUALIFIER INFORMATION

Provide the full name and title of the Licensee's Qualifier. The Qualifier is the person who, at the time of licensure, was deemed to have met the minimum business experience requirements under Part 410.1(c) of the Superintendent's Regulations.

☒ Mr.

☐ Ms. Arnold W.

Frank

Qualifier First Name

Middle Name

Last Name

Chairman

Qualifier's Title in Company

3. CRIMINAL BACKGROUND CHECKS FOR DETERMINING FELONY CONVICTIONS

Does the Licensee conduct criminal background checks for determining the felony convictions of its directors, officers, agents, employees, independent contractors, consultants, new owners, new partners, and any other persons having a relationship with the Licensee similar to that of a consultant?

☒ YES ☐ NO

If Yes, how often are these criminal background checks conducted?

☒ At time of hire only

☐ Quarterly

☐ Semi-annually

☐ Yearly

☐ Bi-annually

4. INDIVIDUALS WITH FELONY CONVICTIONS

a. Has a convicted felon served as owner, partner, stockholder with 10% or more of voting stock in the Licensee, director, officer, agent, employee, independent contractor, consultant, or in any other role at or with the Licensee during the reported calendar year or at any time since?

☐ YES ☒ NO

1. If No, skip to Item F-1. If Yes, provide the following details on each individual.

☐ Mr.

☐ Ms.

First Name

Middle Name

Last Name

Individual's Title in Company (if applicable)

0000-0000-00000000

0000-0000-00000000

Date of Birth (mm-dd-yyyy)

Social Security Number

Relationship with Licensee/Job Responsibilities

0000-0000-00000000

0000-0000-00000000

Date of Hire (mm-dd-yyyy)

Date of Termination (mm-dd-yyyy)

b. State the crime committed, case number, court in which the case was adjudicated, and date of conviction:

Crime Committed

Case Number

0000-0000-00000000

Court in Which Case Was Adjudicated

Date of Conviction (mm-dd-yyyy)

c. Has the Banking Department been officially notified about the employment of this felon?

☐ YES ☐ NO

1. If Yes, has the Licensee received written consent from the Banking Department approving the Licensee's relationship with this individual?

☐ YES ☐ NO

d. Has the individual obtained a Certificate of Relief from Disabilities?

☐ YES ☐ NO

1. If Yes, has the Certificate of Relief been provided to the Banking Department?

☐ YES ☐ NO*



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F. LITIGATION, BANKRUPTCY, AND REGULATORY ACTIONS

1. LITIGATION

Is the Licensee involved in any financial services-related litigation?

☐ YES ☒ NO

If Yes, provide the caption (name of case), index number, and court name for each case. You must attach a signed statement from legal counsel on whether the legal action materially impacts the Licensee's financial condition and/or ability to meet obligations. (If this report is being submitted electronically, mail the signed statement to: ATTN: MBD --- VOOR, New York State Banking Department, One State Street, New York, NY 10004-1417.)

Caption (Name of Case)

Index Number of Case

Court Name

2. BANKRUPTCY

In the reported calendar year or at any time since, has the Licensee or any of its owners, partners, stockholders with 10% or more of voting stock in the Licensee, directors, or officers filed for bankruptcy?

☐ YES ☒ NO

If Yes, state the entity or individual filing for bankruptcy, the type of bankruptcy, and the date of filing.

Entity or Individual Filing for Bankruptcy

Type of Bankruptcy

_____-_____-_____
Date of Bankruptcy Filing (mm-dd-yyyy)

3. REGULATORY ACTIONS

In the reported calendar year or at any time since, has any state, federal, or foreign regulatory authority denied, suspended, revoked, or restricted the authorization to conduct a financial services-related business by Licensee or any of its owners, partners, stockholders with 10% or more of voting stock in the Licensee, directors, or officers?

☐ YES ☒ NO

If Yes, provide the following information for each regulatory action.

Name of Regulatory Authority

Type of Regulatory Action

Entity or Individual Subject to the Regulatory Action

Amount of Fine (If applicable)

_____-_____-_____
Date of Regulatory Action (mm-dd-yyyy)

G. THIRD-PARTY RELATIONSHIPS

1. REAL ESTATE APPRAISERS

Provide information for the three real estate appraisal companies/appraisers that obtained the largest number of payments from the Licensee and the Licensee's mortgage applicants in connection with the New York applications and loans in the reported calendar year.

Name of Company (If applicable) _____ () - Ext. _____
Phone Number

Address _____ City _____ State _____ Zip Code _____

☐ Mr.

☐ Ms.

Appraiser First Name

Middle Name

Last Name

Name of Company (If applicable) _____ () - Ext. _____
Phone Number

Address _____ City _____ State _____ Zip Code _____

☐ Mr.

☐ Ms.

Appraiser First Name

Middle Name

Last Name

Name of Company (If applicable) _____ () - Ext. _____
Phone Number

Address _____ City _____ State _____ Zip Code _____

☐ Mr.

☐ Ms.

Appraiser First Name

Middle Name

Last Name

2. TITLE INSURANCE AGENCIES

Provide information for the three title insurance agencies that obtained the largest number of payments from the Licensee and the Licensee's mortgage applicants in connection with the New York applications and loans in the reported calendar year.

Name of Agency _____ () - Ext. _____
Phone Number

Address _____ City _____ State _____ Zip Code _____

☐ Mr.

☐ Ms.

Contact Person First Name

Middle Name

Last Name

Name of Agency _____ () - Ext. _____
Phone Number

Address _____ City _____ State _____ Zip Code _____

☐ Mr.

☐ Ms.

Contact Person First Name

Middle Name

Last Name

☐ Mr.

☐ Ms.

Contact Person First Name

Middle Name

Last Name



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Important: Report actual whole dollar amounts in Parts H and I. Your report may be deemed incomplete if you fail to use actual whole dollar amounts. (Example: Seven million and twelve dollars and fifty-three cents must be stated as \$7,000,013.)

H. APPLICATION AND LOAN INFORMATION

You must use
one accounting
basis
consistently
throughout
Part H

1. ACCOUNTING BASIS

Under what accounting basis are questions in Part H being answered? Mark only one box.

☒ Accrual Basis ☐ Cash Basis

2. FIRST LIEN LOANS CLOSED ON PROPERTIES LOCATED IN NEW YORK STATE

Provide information for first lien mortgage loans closed by the Licensee as the lender on record during the reported calendar year for 1-4 family, owner-occupied, residential properties located in New York State, regardless of when, where, or how the application was taken. These numbers and amounts cannot be greater than the respective numbers and amounts reported for the entire U.S. (Item H-3).

	Number of Loans for New York State	Dollar Amount of Loans for New York State
VA (do not include High Cost Home Loans)	0000,0000	\$0000,0000,0000,0000
FHA (do not include High Cost Home Loans)	0000,0000	\$0000,0000,0000,0000
Conventional (do not include High Cost Home Loans)	0000,0000	\$0000,0000,0000,0000
High Cost Home Loans	0000,0000	\$0000,0000,0000,0000
Total	0000,0000	\$0000,0000,0000,0000

3. FIRST LIEN LOANS CLOSED ON PROPERTIES IN THE U.S. (INCLUDING NEW YORK STATE)

Provide information for first lien mortgage loans closed by the Licensee as the lender on record during the reported calendar year for 1-4 family, owner-occupied, residential properties located anywhere in the United States, regardless of when, where, or how the application was taken. Note: The amounts reported here are for properties in all 50 States, including New York. Therefore, these numbers and amounts cannot be less than the respective numbers and amounts reported for New York State along (Item H-2).

	Number of Loans for United States	Dollar Amount of Loans for United States
VA (do not include High Cost Home Loans)	0000,0000	\$0000,0000,0000,0000
FHA (do not include High Cost Home Loans)	0000,0000	\$0000,0000,0000,0000
Conventional (do not include High Cost Home Loans)	0000,0000	\$0000,0000,0000,0000
High Cost Home Loans	0000,0000	\$0000,0000,0000,0000
Total	0000,0000	\$0000,0000,0000,0000

4. JUNIOR LIEN LOANS CLOSED ON PROPERTIES LOCATED IN NEW YORK STATE

Provide information for junior lien mortgage loans closed by the Licensee as the lender on record during the reported calendar year for 1-4 family, owner-occupied, residential properties located in New York State, regardless of when, where, or how the application was taken. These numbers and amounts cannot be greater than the respective numbers and amounts reported for the entire U.S. (Item H-5).

	Number of Loans for New York State	Dollar Amount of Loans for New York State
Open Ended (do not include High Cost Home Loans)	0000,0000	\$0000,0000,0000,0000
Closed Ended (do not include High Cost Home Loans)	0000,0000	\$0000,0000,0000,0000
High Cost Home Loans	0000,0000	\$0000,0000,0000,0000
Total	0000,0000	\$0000,0000,0000,0000

5. JUNIOR LIEN LOANS CLOSED ON PROPERTIES IN THE U.S. (INCLUDING NEW YORK STATE)

Provide information for junior lien mortgage loans closed by the Licensee as the lender on record during the reported calendar year for 1-4 family, owner-occupied, residential properties located anywhere in the United States, regardless of when, where, or how the application was taken. Note: The amounts reported here are for properties in all 50 states, including New York. Therefore, these numbers and amounts cannot be less than the respective numbers and amounts reported for New York State alone (Item H-4).

	Number of Loans for United States	Dollar Amount of Loans for United States
Open Ended (do not include High Cost Home Loans)	00000,0000	\$ 00000,0000,0000,0000
Closed Ended (do not include High Cost Home Loans)	00000,0000	\$ 00000,0000,0000,0000
High Cost Home Loans	00000,0000	\$ 00000,0000,0000,0000
Total	00000,0000	\$ 00000,0000,0000,0000

6. MORTGAGE APPLICATIONS BROKERED

For the reported calendar year, provide information on any and all mortgage loan applications brokered by the Licensee to other lenders or brokers for 1-4 family, owner-occupied, residential properties located in New York State, regardless of when, where, or how the application was taken and regardless of the final decision on the application. Do not include loans closed by the Licensee as the lender on record (i.e., do not include the loans reported in Items H-2 through H-5, above). Also do not include mortgage applications processed for other entities (i.e., do not include the applications reported in Item H-7, below).

	Number Applied for in New York State	Dollar Amount Applied for in New York State
High Cost Home Loan Applications	00000,0000	\$ 00000,0000,0000,0000
Other Mortgage Loan Applications	00000,0000	\$ 00000,0000,0000,0000
Total	00000,0000	\$ 00000,0000,0000,0000

7. MORTGAGE APPLICATIONS PROCESSED

For the reported calendar year, provide information on any and all mortgage loan applications processed by the Licensee on behalf of other entities, for 1-4 family, owner-occupied, residential properties located in New York State, regardless of the final decision on the application. Include only applications for which you functioned solely as a back office processor for another entity. Do not include loans closed by the Licensee as the lender on record (i.e., do not include the loans reported in Items H-2 through H-5, above). Also do not include mortgage applications brokered (i.e., do not include the applications reported in Item H-6, above).

	Number Applied for in New York State	Dollar Amount Applied for in New York State
High Cost Home Loan Applications	00000,0000	\$ 00000,0000,0000,0000
Other Mortgage Loan Applications	00000,0000	\$ 00000,0000,0000,0000
Total	00000,0000	\$ 00000,0000,0000,0000

8. REVENUE EARNED

For the reported calendar year, provide information on any revenue earned in connection with mortgage loans closed, applications brokered, and applications processed for 1 - 4 family, owner-occupied, residential properties located in New York State. Do not include the income reported in Item H-9, below.

- (i) Total Points Paid to Licensee by Borrowers \$ 00000,0000,0000
- (ii) Total Points Paid to Licensee by Lenders, Including Yield Spread Premiums \$ 00000,0000,0000
- (iii) Other Earnings (include interest income and application and processing fees, but not points reported in (i) and (ii), above) \$ 00000,0000,0000
- (iv) Total New York-Related Gross Revenue (must equal the sum of (i) + (ii) + (iii), above) \$ 00000,0000,0000

9. SUPPLEMENTAL INCOME INFORMATION

For the reported calendar year, provide information on the following income related to 1 - 4 family, owner-occupied, residential properties located in New York State.

Earnings from Loan-Servicing Activities \$ 000,000

Earnings from the Secondary Market \$ 000,000
(i.e., service release premiums and gain on sale)

Points and Fees Collected and Passed Through \$ 000,000
to (a) a third-party mortgage loan service provider, such as a credit report
provider, appraiser, or attorney, or (b) another licensed mortgage banker,
registered broker,
or exempt institution (such as a commercial bank)



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Important: Report actual whole dollar amounts in Parts H and I. Your report may be deemed incomplete if you fail to use actual whole dollar amounts. (Example: Seven million and twelve dollars and fifty-three cents must be stated as \$7,000,013.)

I. LOANS SERVICED

1. MORTGAGE LOANS SERVICED

In the reported calendar year, did the Licensee service mortgage loans for other entities secured by 1 - 4 family, owner-occupied, residential properties located in New York State?

☐ YES ☒ NO

If Yes, provide the following information for all entities for whom the Licensee serviced mortgage loans secured by 1 - 4 family, owner-occupied, residential properties located in New York State. Report the number and the total outstanding principal amount for each such entity as of the end of the reported calendar year.

Name of Entity _____ () _____ Ext. _____
Phone Number

☐ Mr.

☐ Ms.

Contact Person First Name

Middle Name

Last Name

Contact Person's Title in Company _____

Address _____

City _____

State _____

Zip Code _____

_____, _____

\$ _____, _____, _____, _____

Total Number of Loans Serviced

Total Outstanding Principal Amount



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J. IDENTIFICATION NUMBERS

Be sure to state
your RID with
leading zeros;
do not use
dashes

1. HOME MORTGAGE DISCLOSURE ACT (HMDA) REPORTER ID:

000012345

Provide your ten-digit Home Mortgage Disclosure Act (HMDA) Reporter ID (RID). The RID must be reported with leading zeros so that the total number of digits is ten. Do not include dashes. (For example, the source number 12345 must be stated as 0000012345.)

2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

000000000 - 000000000

Provide your nine-digit Federal Employer Identification Number (FEIN). This number is also sometimes known as your Federal Tax Identification Number



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Important: Report actual whole dollar amounts in Parts K. Your report may be deemed incomplete if you fail to use actual whole dollar amounts. (Example: \$7,000,012.53 must be stated as \$7,000,013.)

K. TYPES OF LOANS CLOSED

1. FURTHER DETAILS OF FIRST LIEN LOANS CLOSED ON PROPERTIES IN NEW YORK

Provide details regarding first lien loans listed in Item H-2 of this VOOR Report (i.e., first lien loans closed on properties located in New York State). Provide a breakdown of those loans using the categories in the tables below.

Table 1-A. Purchase/Refinance

	Number of Loans for New York State	Dollar Amount of Loans for New York State
(i) Purchase	1,111, 111	\$ 111,111, 111, 111, 111
(ii) Refinance	1,111, 111	\$ 111,111, 111, 111, 111
(iii) Total (must equal the sum of [i] + [ii]; must also equal Total in Item H-2)	1,111, 111	\$ 111,111, 111, 111, 111

Table 1-B. Fixed Rate/Adjustable Rate/Interest Only
(pricing breakdown of total first lien loans - purchase and refinance - reported in Table 1-A, above)

	Number of Loans for New York State	Dollar Amount of Loans for New York State
(iv) Fixed Rate (do not include interest only)	1,111, 111	\$ 111,111, 111, 111, 111
(v) Adjustable Rate (do not include interest only loans)	1,111, 111	\$ 111,111, 111, 111, 111
(vi) Interest Only	1,111, 111	\$ 111,111, 111, 111, 111
(vii) Total (must equal the sum of [iv] + [v] + [vi]; must also equal Total in Table 1-A)	1,111, 111	\$ 111,111, 111, 111, 111

Table 1-C. Terms of Adjustable Rate Loans Reported in Table 1-B

	Number of Loans for New York State	Dollar Amount of Loans for New York State
(viii) Adjustable Rate Loans with an initial fixed term of 36 months or less	1,111, 111	\$ 111,111, 111, 111, 111
(ix) Adjustable Rate Loans with an initial fixed term of more than 36 months	1,111, 111	\$ 111,111, 111, 111, 111

2. PIGGYBACK JUNIOR LIEN LOANS CLOSED ON PROPERTIES IN NEW YORK STATE

Provide details regarding junior lien loans simultaneously originated with first liens reported in Item H-2 of this VOOR Report.

	Number of Loans for New York State	Dollar Amount of Loans for New York State
Piggybacks	1,111, 111	\$ 111,111, 111, 111, 111



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Important: Report actual whole dollar amounts in Part L. Your report may be deemed incomplete if you fail to use actual whole dollar amounts. (Example: \$7,000,012.53 must be stated as \$7,000,013.)

L. SUBPRIME LOANS

1. FIRST LIEN SUBPRIME LOANS CLOSED ON PROPERTIES IN NEW YORK STATE

Provide details regarding first lien subprime loans closed on properties located in New York State. Provide a breakdown of those loans using the categories in the tables below. See instructions for definition of subprime loan.

Table 1-A. Purchase/Refinance

	Number of Loans for New York State	Dollar Amount of Loans for New York State
(i) Purchase	0000, 0000	\$ 0000, 0000, 0000, 0000
(ii) Refinance	0000, 0000	\$ 0000, 0000, 0000, 0000
(iii) Total (must equal the sum of [i] + [ii])	0000, 0000	\$ 0000, 0000, 0000, 0000

Table 1-B. Fixed Rate/Adjustable Rate/Interest Only
(pricing breakdown of total first lien subprime loans - purchase and refinance - reported in Table 1-A, above)

	Number of Loans for New York State	Dollar Amount of Loans for New York State
(iv) Fixed Rate (do not include interest only loans)	0000, 0000	\$ 0000, 0000, 0000, 0000
(v) Adjustable Rate (do not include interest only loans)	0000, 0000	\$ 0000, 0000, 0000, 0000
(vi) Interest Only	0000, 0000	\$ 0000, 0000, 0000, 0000
(vii) Total (must equal the sum of [iv] + [v] + [vi])	0000, 0000	\$ 0000, 0000, 0000, 0000

Table 1-C. Terms of Adjustable Rate Loans Reported in Table 1-B

	Number of Loans for New York State	Dollar Amount of Loans for New York State
(viii) Adjustable Rate Loans with an initial fixed term of 36 months or less	0000, 0000	\$ 0000, 0000, 0000, 0000
(ix) Adjustable Rate Loans with an initial fixed term of more than 36 months	0000, 0000	\$ 0000, 0000, 0000, 0000

2. JUNIOR LIEN SUBPRIME LOANS CLOSED ON PROPERTIES IN NEW YORK STATE

Provide details regarding junior lien subprime loans closed on properties located in New York State. See instructions for definition of subprime loan.

	Number of Loans for New York State	Dollar Amount of Loans for New York State
Junior Lien Subprime Loans	0000, 0000	\$ 0000, 0000, 0000, 0000



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AFFIDAVIT

SUBMISSION OF THIS REPORT VIA THE INTERNET IS MADE POSSIBLE BY A PASSWORD THAT WAS GIVEN BY THE BANKING DEPARTMENT TO THE MAIN CONTACT OR ONE OF THE OWNERS OR PRINCIPAL OFFICERS OF THE LICENSED/REGISTERED ENTITY.

I, Linda Haltman (full name), being the President
(title) of the Licensee/Registrant, swear/affirm that I am an owner or one of the principal officers authorized to submit this Volume of Operations Report via the Internet and that the information contained herein is accurate, true, correct, and complete to the best of my knowledge and belief.

PLEASE NOTE

ALL QUESTIONS MUST BE ANSWERED AS INSTRUCTED. INACCURATE OR INCOMPLETE
REPORTING MAY RESULT IN REGULATORY ACTIONS INCLUDING THE LEVY OF A FINE
PURSUANT TO SECTION 44-a OF THE NEW YORK BANKING LAW.

- Keep copies of this and all correspondence with the Banking Department.
- Only conduct regulated mortgage activities at licensed/registered locations.
- Request approval from the Superintendent before a change of control (Banking Law Section 594-b).
- Communicate changes of ownership promptly in writing.
- Work only with licensed/registered/exempt entities.
- See the requirements for new branches and address changes at www.banking.state.ny.us/iambb.htm
- Comply with all mortgage business laws and regulations.

www.banking.state.ny.us



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VOOR - Confirmation Report

Your 2009 VOOR has been submitted online successfully at 04:09 PM, March 15, 2010. Your confirmation number is B0007408.

Should you identify any inaccurate information, you will have one opportunity to make corrections online, through April 02, 2010. After that, if you need to revise the report, you must do so by mail.